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ABSTRACT

A study involving 22 fathers and 21 mothers was conducted to explore several personality characteristics of child abusive parents which may set them apart from nonabusive peers. A social history was taken, and each parent completed both the Motivation Analysis Test (MAT) and the Minnesota Multiphasic Personality Inventory (MMPI). Among firdings were the following: the average mother did not finish high school and came from a family of four children; child abusing fathers obtained the most frequent low points on MMPI paranoia and social introversion scales; abusive parents, according to MAT data, tend strongly to be individuals whose wants and needs are not being satisfied. (SBH)

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PERSONALITY CHARACTERISTICS OF CHILD ABUSING PARENTS

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and T. Richard Saunders, Ph.D.*

INTRODUCTION

Kempe (1962) was among the first to attempt to define, and focus the medical profession's attention upon the "battered child syndrome." Although a variety of characteristics of battering parents have been reported (Melnick, 1969; Callaghan, 1970; Bishop, 1971; Buglass, 1971), few used objective, quantifiable methods. However, several studies have used the Minnesota Multiphasic Personality Inventory (MMPI) to evaluate parents of children with a variety of disturbances (Goodstein and Dahlstrom, 1956; Liverant, 1959). Among these are numerous MMPI studies of the parents of children seen in child guidance clinics (Hanvik, 1959; Lauterbach, 1961; Loeb, 1966; Wolking, Quast, and Lawton, 1966).

More recently, two studies using the MMPI focused upon the parents of abused children. Paulson (1976) evaluated 33 mothers and 27 fathers from families where neglect or abuse had occurred. MMPI profiles from a control sample of 63 mothers and 37 fathers evaluated by the child psychiatry clinic revealed characteristics that clearly distinguished abusive from non-abusive parents. Wright (1976) compares MMPI profiles from a matched group of 13 parents of non-battered, hospitalized children. Mean profiles suggested that

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the two groups differed primarily in the more dyssocial and cynical attitudes of the battering parents.

Although the relevant MMPI studies vary somewhat in the type of population considered and specific comparisons made, the following generalizations seem warranted. First, parents of children being seen in child guidance facilities are far more likely to show deviance on the MMPI than unselected adults or unselected samples of parents. Second, parents of child guidance clinic patients appear to differ from populations of parents who are adult psychiatric outpatients, both in level and type of psychopathology. That is, their profiles are less elevated than their outpatient counterparts, and tend to show a lower frequency of patterns associated with gross behavioral deviance.

Parents identified as physically abusive or neglectful seem to occupy a position intermediate between parents who have referred themselves for outpatient treatment and unselected ("normal") parents. When group averages are reported (Paulson et al., 1976), psychopathology appears to vary according to degree of participation in the abuse and sex of the parent. Absolute size of differences between groups on the MMPI clinical and validity scales tends to be small (Wright, 1976). However, Paulson et al. (1976) found one subgroup of females (N=9) who were only indirectly involved in maltreatment, yet still obtained marked elevations on the tetrad of MMPI scales traditionally associated with psychotic behavior patterns.

The conduct of research on child abuse is exceedingly difficult. As noted earlier, there is no universally accepted basis for deciding whether abuse has taken place, and the constitution of appropriate comparison groups

is hampered by the multiple status of the subjects. Some of the parents may be adjudicated offenders, while others may be identified as patients only on presumptive evidence, and still others are self-identified. The reporting of averaged MMPI profiles may be a helpful beginning, but obscures the manner in which the MMPI is actually used in clinical practice: multidimensional assessment of the psychopathology of individual patients. Group-oriented research raises the intriguing possibility that it might be possible to select potential child abusers from among a larger group by means of the MMPI.

Despite prior research, therefore, the essential question of why some parents abuse their children remains unanswered. To help answer the question, this study sought to explore several personality characteristics of child abusive parents which may set them apart from their non-abusive peers. Although grouped data will be reported, the emphasis of the present research is on individual clinical description and normative comparison, rather than on controls or experimental manipulation.

METHOD

The subjects of this study were 22 fathers and 21 mothers who were regarded by the majority of the Child Protection Council, Walter Reed Army Medical Center, to be parents who had abused their children. In general, the criteria for abuse used by Elmer (1967) were used, each child having multiple and/or severe physical injuries which were not accidentally incurred. The Child Protection Council consists of a Chairman, the Chief of Pediatrics, a child psychiatrist, a social worker, a pediatric nurse-clinician, a Public Health nurse, a chaplain, and a Red Cross caseworker. Any child seen for health services at the Walter Reed Army Medical Center is referred to the Council when child abuse is considered

in a differential diagnosis. The function of the Council is to determine whether there is data to support a suspicion of child abuse. A comprehensive evaluation is undertaken including appropriate radiological, ophthalmologic, and otolaryngologic studies. These evaluations focus on evidence of prior and/or repeated unreported traumas that have resulted in fractures to bones, retinal hemorrhages, and/or hearing loss.

From August 1974 to July 1976, 33 children and adolescents were evaluated by the Child Protection Council, Walter Reed Army Medical Center, who met the above criteria. These children were reported to the appropriate local (county) child protective agencies in metropolitan Washington. No data were available on the parents of two of these children and data from parents of two adolescents, found to be sexually abused, were excluded. The data on the parents of one child were lost, and four parents had more than one child who was abused. Two parents were not available because they were in distant locations. Interestingly, only one parent refused to cooperate in the requested evaluation. Walter Reed Army Medical Center serves the military population of metropolitan Washington, D. C. This includes dependents of active duty or retired personnel and some Congressional families. In addition, referrals are made to the Department of Pediatrics from Europe and the northeastern United States. These children are referred because the need for specialized care is not available in the local post facilities. Walter Reed is comparable to most large, university-type, medical centers in this country, where referrals are made from small towns where specialists and special diagnostic equipment are not available.

Each parent in the study underwent a psychiatric interview (including a

mental status examination). A complete social history was taken, and each parent completed both the Motivation Analysis Test and the Minnesota Multiphasic Personality Inventory. In addition, the medical records of the children were examined in order to document and classify injuries sustained by abuse.

The Motivation Analysis Test (MAT) (Cattell, 1964) is an inventory which attempts to measure ten personality factors derived from factor-analytic studies of personality. It uses 208 questions of rather impressive lack of transparency which make it difficult for the subject to present a particular desired image.

Numerous scores are possible with the MAT. The ten basic factors are assessed at two levels: (1) Unintegrated (roughly "unconscious") and (2) Integrated (roughly "conscious"). A Total Motivation score is derived from the composite score of both levels for each factor and is taken as representing the total investment in, or motivation for, the particular factor. Further, a Conflict score is derived for each variable on the basis of the degree of discrepancy between the Unintegrated and Integrated levels, thus providing a measure of the degree to which the motives are satisfied or fulfilled. High Conflict scores imply unmet needs.

Five supplemental scores are also derivable from the MAT, all of which were examined in the present study. These include: (1) General Information/Intelligence, a rough measure of verbal cognitive ability, (2) General Autism-Optimism, a measure of "wishful" versus "realistic" thinking, (3) Total Integration, a measure of the total amount of frustration or generally unmet wants and needs (Sweney, 1969).

The MAT was selected for the present investigation both for its relatively good "opacity" and because many of the factors purportedly tested by it seemed

of a priori significance in attempting to understand the abusing parent. This rationale was also employed in our selection of the specific scores on which to focus attention, namely, the Total Motivation and Conflict scores for all ten factors plus the five supplemental scores.

The MMPI is the most widely used instrument of its type ever devised. It consists of 550 items presented to the subject in true-false format. Multiple internal checks on the appropriateness of the subject's responses to these items are possible, including three specifically derived validity scales. Eight of its 10 commonly employed scales were constructed on the basis of their ability to discriminate clinically defined criterion groups and withstand cross-validation.

RESULTS

Medical, Demographic, and Psychiatric Data

As a group, the abused children were very young infants, usually the first born son of caucasian parents. The median age of this group was six months; nine of the 28 children were 3-months-old or less; only one family had more than two children. Fifteen of these children had no siblings.

Table 1 summarizes the severe nature of the injuries sustained. Four (14%) had bilateral subdural hematomas, plus two or more fractures, plus two or more ecchymoses. Nineteen (68%) had two or more types of injuries. Eight children were suffering from the effects of severe neglect. Five of the eight were failures to thrive with no medical disorder found following extensive pediatric evaluation at Walter Reed Army Medical Center. Only one child had a birth weight of less than five pounds. All mothers reported a normal pregnancy, labor, and delivery. One infant had a cleft palate and lip.

As a group, the mothers were younger with less education than the fathers.

The average mother did not finish high school and came from a family of four children. Eight (38%) admitted to being abused by one of their parents. Six mothers admitted to inflicting injury and/or neglecting the child. Only four of the mothers were not given a psychiatric diagnosis, using DSM-II criteria and classification, by a psychiatrist using a social battery, pediatric report, and a 60-90 minute mental status interview with each parent. One mother was psychotic, one was diagnosed as "borderline," eight were diagnosed as having a personality disorder (4--immature, 3--hysterical, 1--masochistic). Five mothers were diagnosed as having depressive neuroses, and two were diagnosed as in a developmental crisis of late adolescence.

The fathers were young caucasians, the majority E-4's (moderately skilled enlisted personnel) in the United States Army. Eighteen of the 22 were on active duty in the Army; the remaining four were on active duty in the United States Air Force. One of the 22 fathers was a low ranking officer (O-2). Three of the fathers admitted to being abused by one of their parents. The fathers came from families ranging in size from one to six children (Mean=3). Psychiatric evaluation of the 22 fathers found no psychoses, 10 personality disorders, 5 depressive neuroses, and 7 were found without psychiatric disorder. One father not included in the study was diagnosed as chronic undifferentiated schizophranic by the Inpatient Psychiatry staff at Walter Reed Army Medical Center. The presence or absence of alcoholism and/or other drug abuse was not consistently ascertained, but three fathers were diagnosed as alcoholics and two admitted to heavy, chronic drug abuse. The personality disorders diagnosed were: paranoid--1, obsessive-compulsive--3, immature--2, explosive--1, and passive-aggressive--2.

MMPI

Average MMPI profiles for fathers and mothers in the present study are

shown in Figure 1. For comparison purposes, MMPI profiles from the literature on non-child abusing parents are also given (Figures 1a and 1b). Each of the comparison samples was selected as fairly representative of their respective clinical settings. Marks' (1961) research is a study of the diagnostic process in a child guidance clinic, of which MMPI data on the parents constitute one portion. The more recent study by McAdoo and Connally (1976) attempts to compare parental psychopathology in a child guidance center with psychopathology present among parents of both sexes who presented to an adult outpatient mental health center. Thus, the Marks' data are typical when the child is the identified patient, and the McAdoo and Connally data are typical where the parent is the identified patient.

Inspection of the profiles reveals a number of interesting findings. For the child abusing parents, none of the scale averages exceeds the traditionally accepted cutoff of 80 t-score for abnormality, a value exceeded by only about 2% of the normative group (Fig. 1). In general, the child abusing parents of both occupy a level of psychopathology (average profile elevation) that is intermediate between child guidance parents and outpatient clinic parents (Fig. 1a).

The female prototype is also remarkable in two other respects. First, the passive-aggressive "V" configuration consisting of scales 4, 5, and 6 that is frequently obtained in clinical populations of female patients is clearly present (Fig. 1). Second, the prominence of scale 9 (Hypomania), a measure of impulse expression, for the abusing mothers is in sharp contrast to that of the other two groups, where scale 9 is a frequent low point (cf. Wolking, Quast & Lawton, 1966) (Fig. 1b).

Further characterization of the clinical picture is facilitated by examination of frequency data. Among the males, 52.3% of the subjects obtained at

least one scale value that exceeded a t-score of 70, a rate that far surpasses the expected value of about 15% among unselected normals (Marks, 1961). Among the females, the percentage of profiles with a t-score greater than 70 was 55%, again exceeding the expected rate among unselected women.

Though the small number of subjects precludes definitive assessment of clinical scale high or low points, the emergence of numerous high points on scales dealing with impulse problems (4 and 9) is noteworthy. Mothers obtained high points on scale 4 in 19% of cases, and on scale 9 in 28.6%. Fathers obtained high points on scale 4 in 18.2% of cases, and on scale 9, in 27.3% of cases. These data are much more revealing for the females, since MMPI elevations on scales 4 and 9 are much less frequent among women than men for normal samples. Low point codes were also revealing. Child abusing fathers obtained the most frequent low points on scales 6 (Paranoia) and 0 (Social Introversion) with 18% and 16%, respectively. The mothers obtained low points by far most often on scale 5 (Masculinity-Femininity), with scales 6 (15%) and 9 (15%) considerably less common.

MAT

Because of the rather modest goals of the present study and the small number of subjects involved, only three basic descriptive statistical analyses were performed on the MAT data. These included (1) means, standard deviations, and standard errors of the means of the 25 variables, (10 Total Motivation scores, 10 Conflict scores, and 5 Supplemental scores), (2) Student's t-test (two-tailed) of the differences between the means of the variables for males and females, and (3) chi-square analyses of the numbers of individuals scoring above or below the average range of the test's normal group (the average range is 10 scores of 5-6).

Mean scores for both males and females are presented in graphic form in Figures 2, 3, and 4 and significant chi-squares indicated.

Pairwise comparisons of the males and females on each variable of the MAT yielded no mean differences attributable to sex itself, a rather surprising finding. There is a remarkable degree of fit between males and females with five scales reaching acceptable levels of significant deviation from the mean of the normative group for both males and females simultaneously.

DISCUSSION

The MAT data suggest that both the males and females in the study tend strongly to be individuals whose wants and needs are not being satisfied. They appear to be particularly unsatisfied in their needs for affection, in evolving a satisfactory personal identity, and in living up to their own moral/ethical standards. Colloquially speaking, one might say they want to be loved, but don't feel they are; they want to be "somebody," but feel like "nobodies"; they want to be "good," but don't know how. Both the males and females appear relatively unmotivated toward self-assertion and achievement (low Assertiveness); they seem remarkably uninterested in sexuality for so young a group (low Mating), and their overall motivation for gaining affection is quite high. The females appear particularly averse to the expression of anger and hostility (low Pugnacity-Sadism), while the males seem curiously unalert to external threat ((low Fear).

Some alternative interpretations of the MAT data should also receive attention. For instance, the fact that the normative means for the MAT is rather heavily comprised of younger adults (20-30 years) makes it unlikely that age alone accounts for the observed deviations from the norm. Although frustration in the search for affection, in the development of a comfortable identity, and in the

development of a functional moral-ethical system would reasonably be seen as characterizing persons in the young adult years, the parents in this study appear to be struggling with these issues to a degree which sets them apart from the population at large. The fact that they also seem to lack a certain striving for achievement and "self-improvement" may well indicate that they are, in a sense, "locked in" to their frustrations with no immediately perceivable way out. Since both male and female groups scored very consistently within the average range on the General Information Intelligence scale of the MAT, impairment of cognition is not a major contribution to the abusive pattern seen in this group.

From a clinical standpoint, perhaps the most important finding of the present study is that there is very little practical difference between the MMPI profiles of child abusers, as a group, versus a population of parents that have not volunteered for mental health care. As Wright (1976) found, child abusing parents show deviations from normality, but do not appear to be severely emotionally disturbed as a group. This finding suggests that while the MMPI is highly useful in evaluating this client group, prediction of child abuse or abuse potential from averaged MMPI data is likely to be a very discouraging enterprise.

Profile shape ((high-point and low-point) configurations seems to be a better clue to the psychopathology of abusing parents, or subtypes of such parents. In our sample, women were likely to have major deviations on MMPI scales reflecting difficulty with impulse control, especially expression of hostile impulses. Half the females in the group obtained a profile consistent with overt behavior likely to be regarded by an interviewer as stereotypically feminine, helpless, and passive in approach to problem situations. While this pattern commonly appears in both clinical and normal groups (Dahlstrom, Walsh,

& Dahlstrom, 1974), its preponderance in this population remains descriptively important. Males in abusive families are also likely to be seen as having difficulty with impulses, but present themselves as sociable, outgoing, and enjoying interpersonal contact. The latter finding is also important in that it comes on a scale (Social Introversion) likely to reflect marital conflict if disparate scores are obtained by the partners, one being more sociable than the other (Good & Brantner, 1974).

Since these abusing parents were those of a selected group of children who were referred to WWalter Reed Army Medical Center from military installations in Europe and the eastern United States, no conclusions concerning the incidence and/or prevalence of child abuse in the military can be made. The median age of the children was 6 months and possibly represents a bias in the selection of children referred to WWalter Reed and to the Child Protection Council at Walter Reed. However, this low median age may also be associated with the informed and alert staff of the Inpatient Pediatric Service, neonatal-infancy wards, at Walter Reed with an increased understanding of the correlation between injuries to infants and the potential for these being a result of abuse inflicted upon these young children. Consequently, therefore, referrals are made more frequently than from any other clinical area of the hospital. How many children seen by other services and not referred for an evaluation of the possibility of child abuse is not known, but needs exploration.

Previous published data (Paulson, 1976; Wright, 1976) has strongly supported the use of the MMPI as an instrument for screening various groups of parents for those at high-risk for abuse of their children. This study suggests that the differentiation of the parents who are likely to abuse their children

from parents who are likely to express hostile, aggressive impulses in other ways, especially other antisocial ways, cannot be accomplished with a high degree of reliability. However, the reporting of group data, as in this study, obscures the individual differences of these parents and within individual couples. The data support the findings of Kaleita et al. (1976) who found the MMPI would not differentiate parents who had been convicted in the District of Columbia Court of Child Abuse from other criminal offenders convicted by the court.

The MAT reveals interesting profiles, but a study of other groups such as parents in a child guidance clinic and parents convicted of other types of antisocial acts, especially assaultive acts, needs to be accomplished before conclusions can be readied concerning a profile that is peculiar to, or predictive of, a potential for parents who are child abusers. The identification of parents who have intense conflicts in areas of need gratification, who are unable to respond adequately to each other's needs, and who are inadequate in the ability to communicate to each other concerning their needs, is readily accomplished with the MAT, suggesting its application in focusing treatment goals in identified patient groups. The use of the MMPI and/or MAT accompanied by other indicators of parents who are under significant emotional stress in a parent group, for example, a prenatal clinic, may identify a group of parents in need of help. A focus of available resources in a primary prevention program of this fashion could be accomplished with a high degree of reliability. A major problem is the time needed in scoring the MAT. This is not a complicated procedure, but is the major negative factor in the use of this test on large groups of parents. However, in clinics planning treatment programs for child-abusing parents, many of whom are guarded and non-verbal, the MAT can potentially be a very useful tool.

The pressure for a reliable, efficient method in the assessment of parental competence is intense. Traditionally, mental health professionals, especially child psychiatrists and child psychologists, have been loathe to enter this area in a practical, useful fashion. For example, the courts are asked to make judgments concerning the temporary and permanent severance of parental rights, such as in the area of child abuse and divorce with child custody of necessity, a responsibility of the court. The need for the evaluation of foster parents, especially now that the possibility of permanent foster home placement is under consideration, is especially urgent. The use of the MMPI and MAT as objective tools is recommended. Another similar problem is the criteria to be used when making recommendations to the courts as to when a child may be safely returned to the natural parents following placement in temporary foster care due to the high risk of abuse. Presently, there are no uniform criteria available, but courts and protective services are regularly making these decisions. Parents may take part in a prescribed treatment program, but no change may have taken place in the reduction of stress or an increase in coping, adaptive skills. The MAT could be an especially useful adjunctive tool in this assessment.

In summary, the results of a study of 22 fathers and 21 mothers of 28 abused children are presented. The types of injuries resulting in the diagnosis of abuse, demographic data concerning the children and parents along with the results of data obtained by the use of the MMPI and MAT are discussed. As a group, the children are very young, usually less than a year of age, caucasian, male, the first born and only child of a father who is on active duty in the United States Army with the rank of E4, with 3-1/2 years of active duty. The mean MMPI profile is presented and compared to mean MMPI profiles of fathers and mothers of

children evaluated in a child guidance clinic and to adult psychiatric outpatients. The mean profile for the child abusing parent is midway between these groups. The configuration of "V" in scales 4, 5, and 6 is obtained in the mothers along with elevation of scale 9 (Hypomania) in the abusing mother group, as compared to the child guidance and outpatient mothers. Mothers and fathers of the child abuse group show problems with impulse control. As a group, the mothers and fathers look alike on the MAT with poor self-esteem, feeling of inferiority and social isolation, with intense conflict in expression of anger, hostility, and need for love and affection.

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Table 1

TYPES OF ABUSE

Type of Injury	Number of Children
Bruises	12
Fractures	11
Head Trauma	6
Burns	1
Neglect	10
Smothered	1
Subdural Hematomas	6
Two or more Bruises	11
Two or more Fractures	7
Combination of Subdural Hematomas, two or more Bruises and two or more Fractures	4
Bilateral Retinal Hemorrhage	3
Neglect (only)	8
More than one injury	19

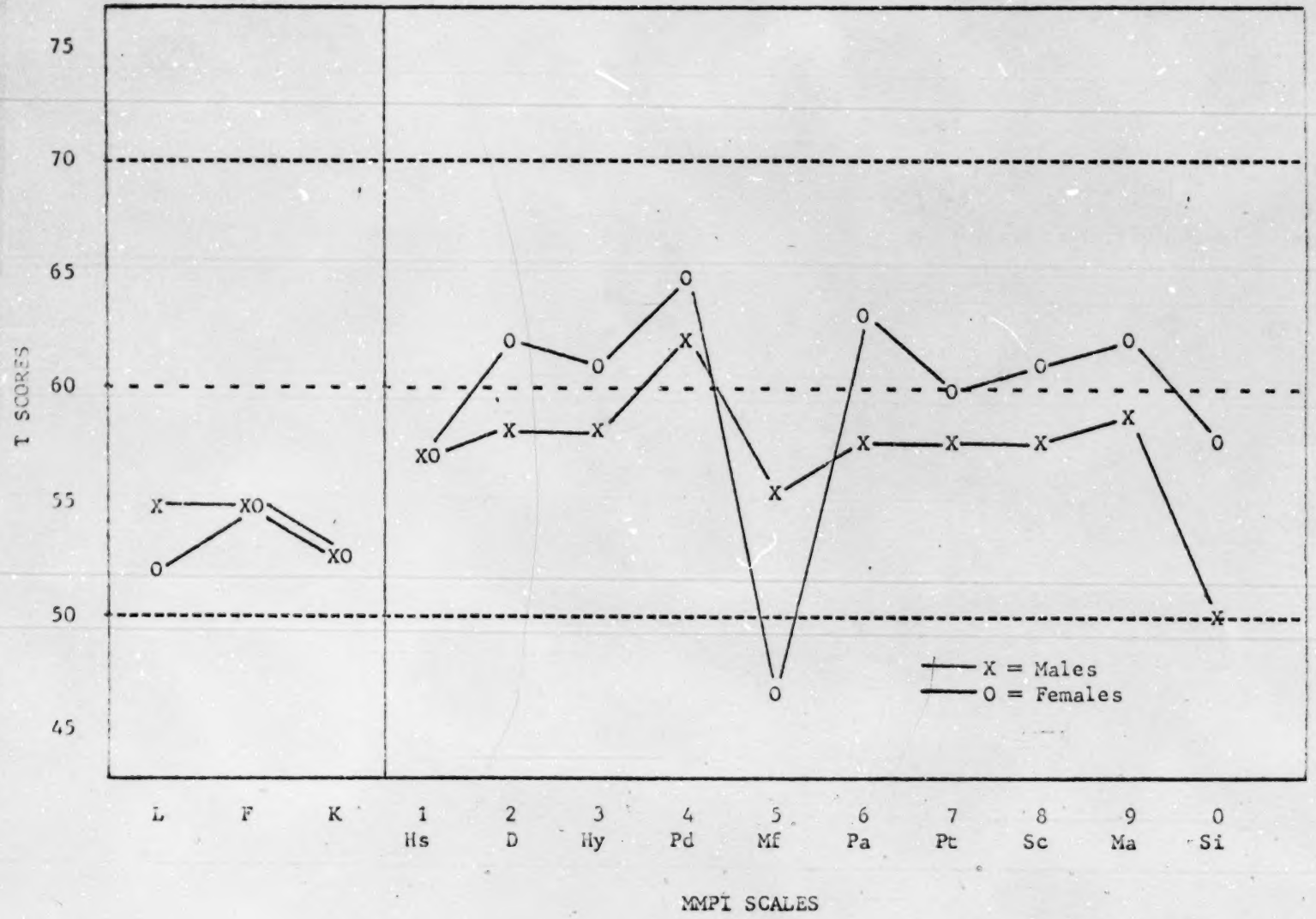

FIGURE 1: Mean MMPI T-scores of parents suspected of child abuse.

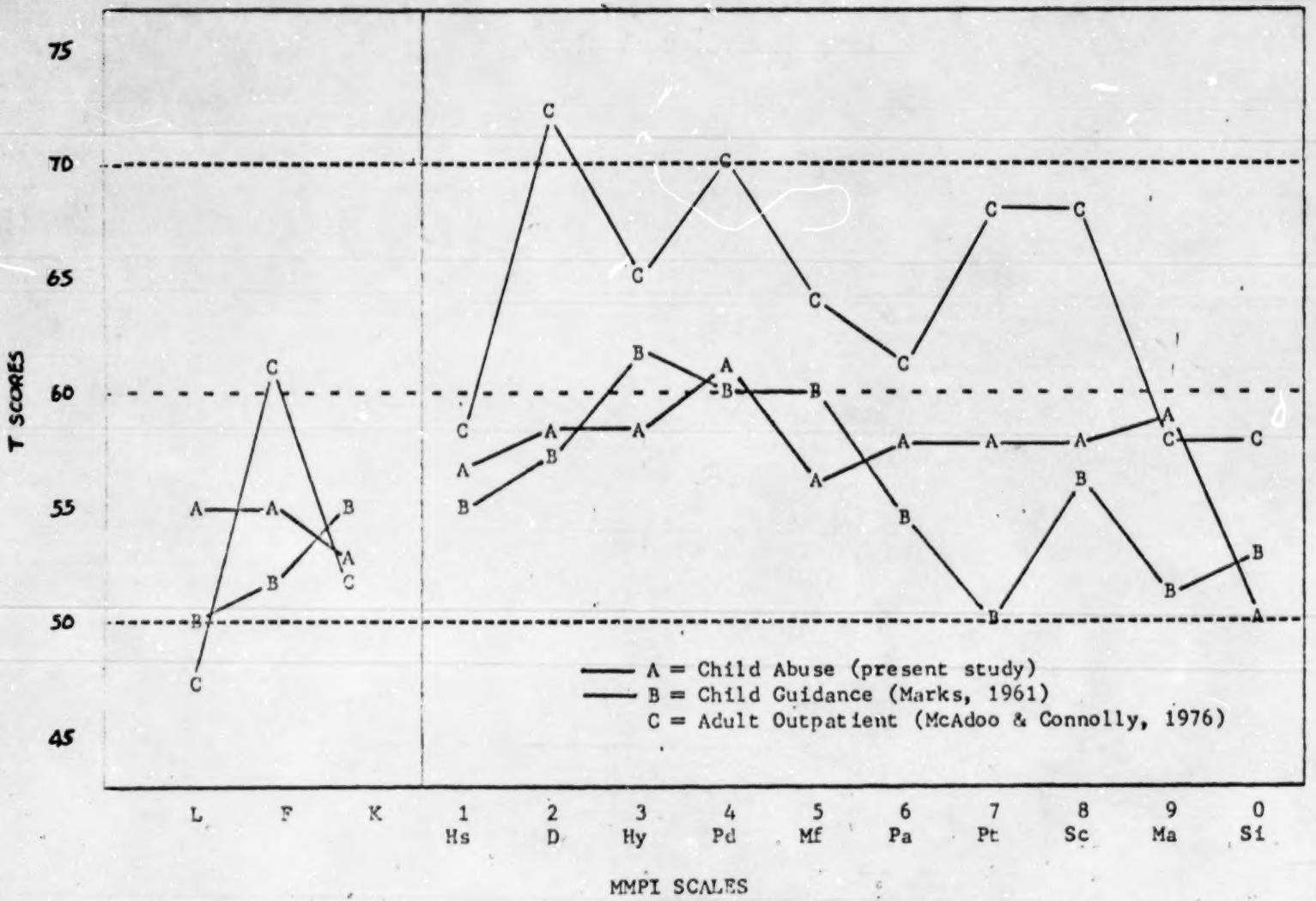

FIGURE 1a: Mean MMPI T-scores for MALES in Child Abuse, Child Guidance and Adult Outpatient groups.

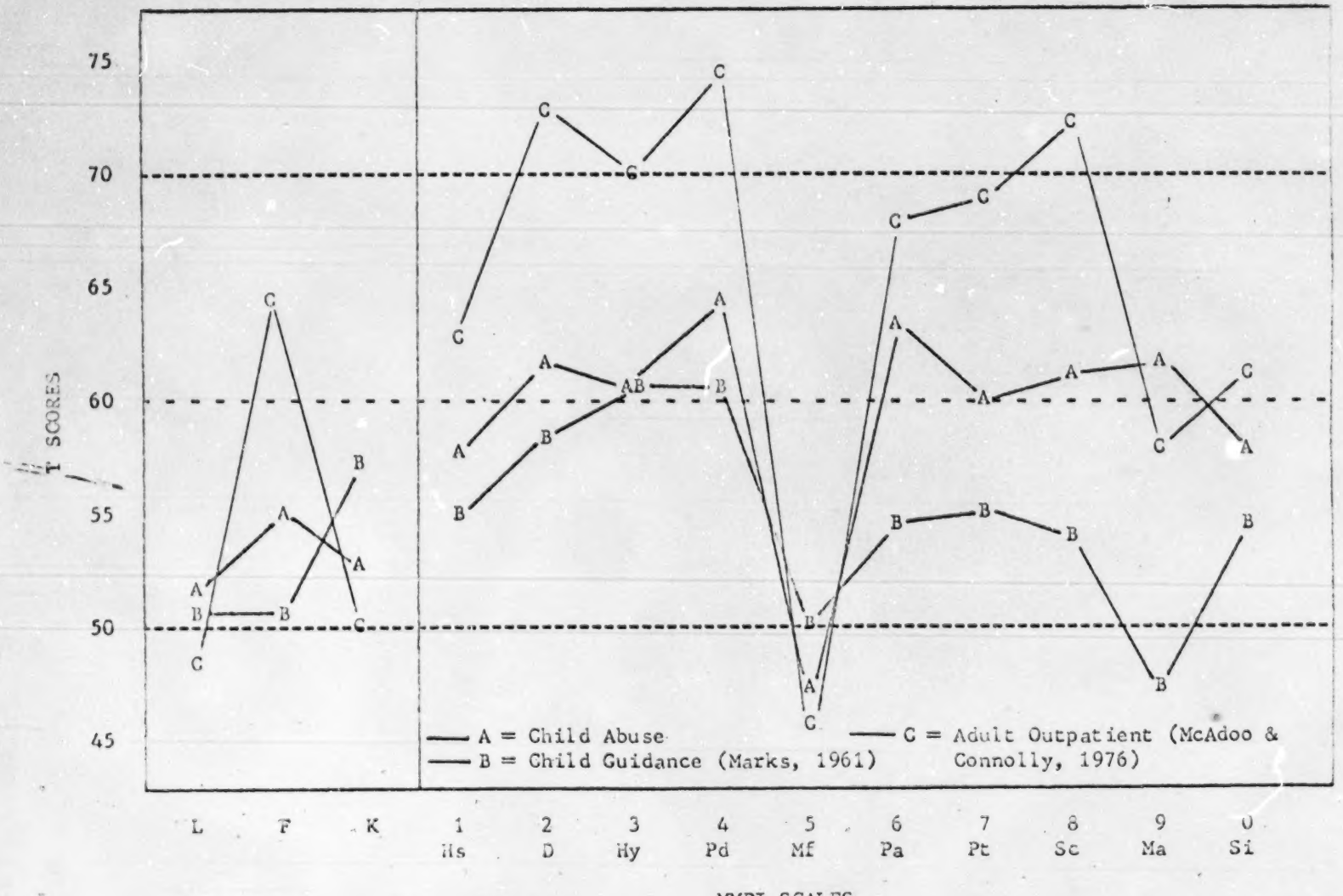
75
70
65
60
55
50
45
T SCORES
A = Child Abuse
B = Child Guidance (Marks, 1961)
C = Adult Outpatient (McAdoo & Connolly, 1976)
L F K 1 Hs 2 D 3 Hy 4 Pd 5 Mf 6 Pa 7 Pt 8 Sc 9 Ma 0 Si
MMPI SCALES

FIGURE 1b: Mean MMPI T-scores for FEMALES in Child Abuse, Child Guidance and Adult Outpatient groups.

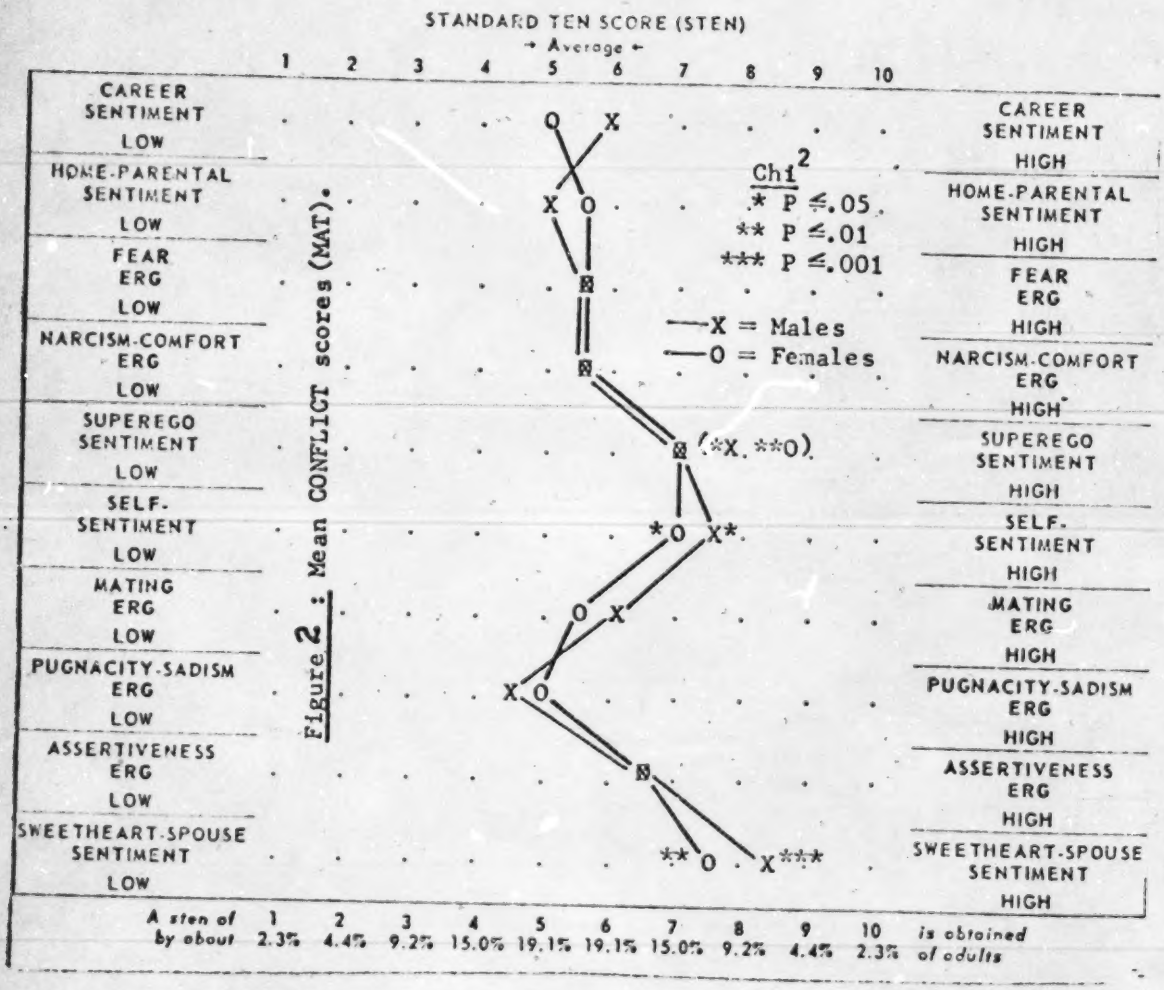

Figure 2 : Mean CONFLICT scores (MAT).

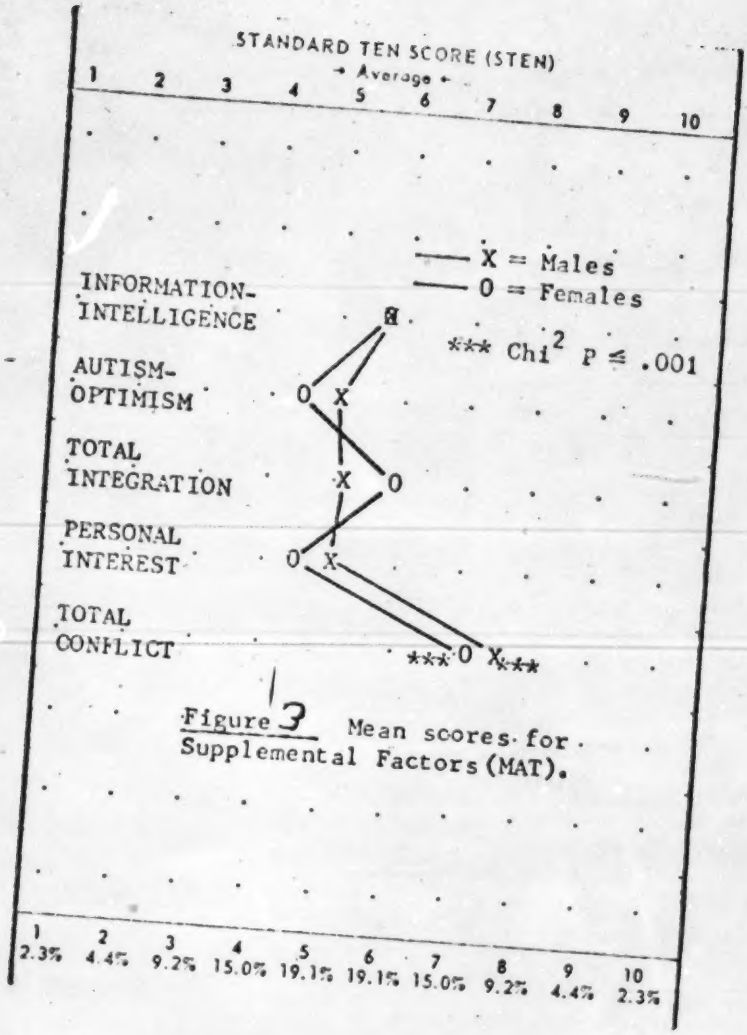

Figure 3 Mean scores for Supplemental Factors (MAT).

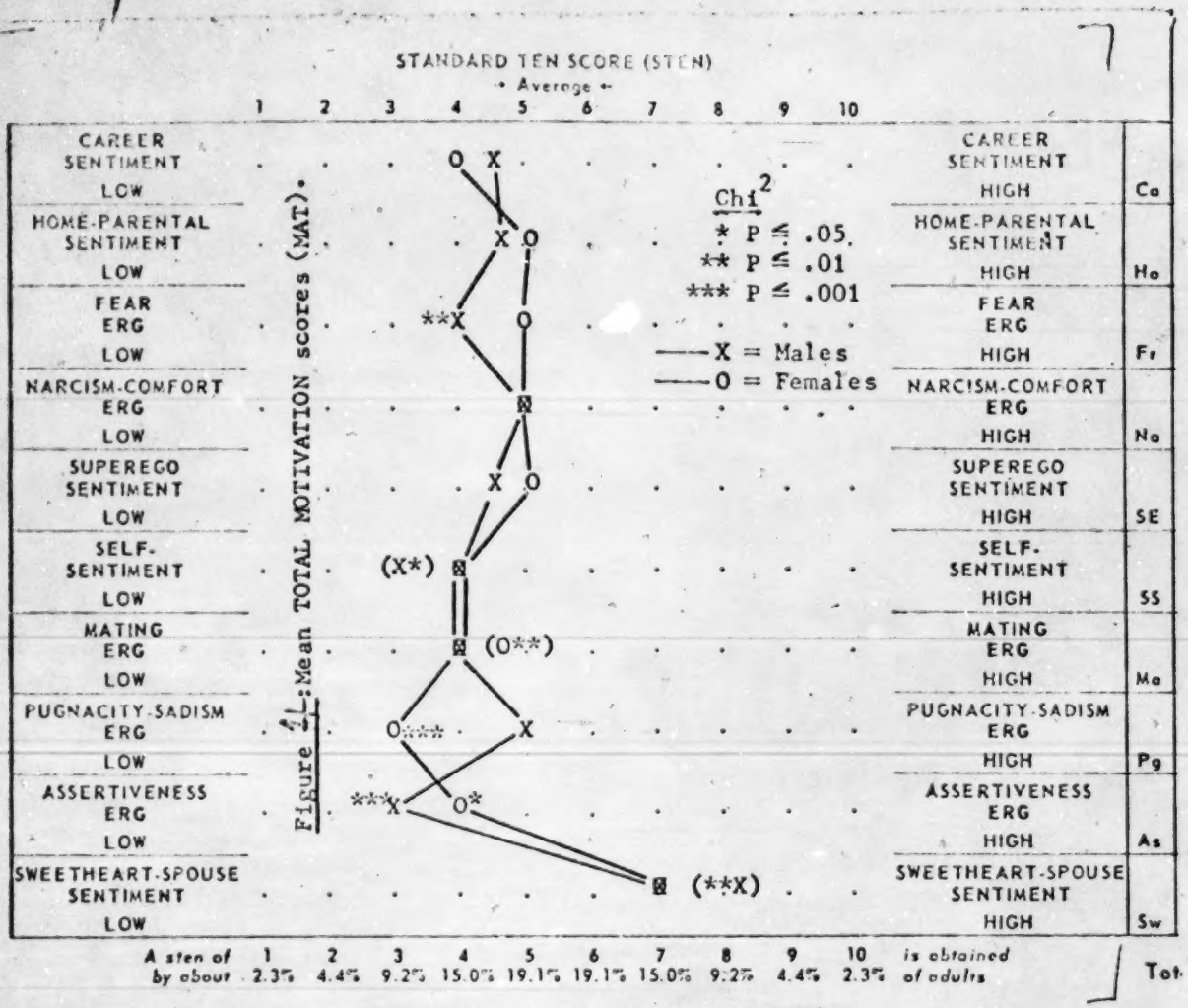

Figure 11: Mean TOTAL MOTIVATION scores (MAT).

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